



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES March 12, 2009

Approved
4/09/2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC, cont.	OAPP/HIV EPI STAFF
Carla Bailey, <i>Co-Chair</i>	Robert Butler	Michael Johnson	Kyle Baker
Anthony Braswell, <i>Co-Chair</i>	Anthony Bongiorno	A. J. King	Angela Boger
Sergio Aviña	Carrie Broadus	Gabriela León	Wendy Garland
Al Ballesteros	Eric Daar	Ingrid Marchus	Michael Green
David Giugni	Nettie DeAugustine	Carolyn Martin	Mary Orticke
Terry Goddard	Whitney Engeran-Cordova	Victor Martinez	Jennifer Sayles
Jeffrey Goodman	Douglas Frye	Rich Mathias	Carlos Vega-Matos
Joanne Granai	Chris Villa	Vilma Mendoza	Amy Wohl
Michael Johnson	Fariba Younai	Jenny O'Malley	Juhua Wu
Lee Kochems		Michael O'Malley	Dave Young
Brad Land		Herbeth Osario	
Ted Liso	PUBLIC	Julian Sanchez	
Anna Long	Everett Alexander	Natalie Sanchez	COMMISSION
Manuel Negrete	Brian Chase	Jay Villarreal	STAFF/CONSULTANTS
Quentin O'Brien	Sandra Cox	Cecilia Rosales	Carolyn Echols-Watson
Everardo Orozco	Thanh Doan	Frank Ybarra	Dawn McClendon
Dean Page	Miguel Fernandez	Timothy Yu	Jane Nachazel
Angélica Palmeros	Richard Frana		Glenda Pinney
Mario Pérez	Vicki Freda		Doris Reed
Robert Sotomayor	Susan Forrest		James Stewart
Peg Taylor	Jesus Guillen		Craig Vincent-Jones
Kathy Watt	Miki Jackson		Nicole Werner

- CALL TO ORDER:** Mr. Braswell called the meeting to order at 9:15 am.
A. Roll Call (Present): Aviña, Ballesteros, Braswell, Giugni, Goddard, Goodman, Granai, Johnson, Kochems, Land, Liso, Long, Negrete, O'Brien, Page, Pérez, Sotomayor, Taylor, Watt
- APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the minutes from the February 12, 2009 Commission on HIV meeting (*Passed by Consensus*).
- CONSENT CALENDAR:**
MOTION #3: Approve the Consent Calendar with Motion 5 removed and Motion 4 approved with the following pieces of legislation removed: AB 108, AB 169, AB 221, AB 1045, ARes 29, HRes 24 (*Passed by Consensus*).

5. PARLIAMENTARY TRAINING:

- Mr. Braswell noted a renewed emphasis on speaking protocols in order to move the agenda smoothly. The time limit per item is two minutes with all first comments heard on an item before someone can speak second time.
- Mr. Stewart noted the 8:30 to 9:00 am parliamentary briefings continue and are open to all.

6. PUBLIC COMMENT, NON-AGENDIZED:

- Mr. Chase is the new Assistant General Counsel at AIDS Healthcare Foundation (AHF). He expressed concern that OAPP comments at past meetings suggest large contractors should be circumspect in criticizing government programs. He found in his past experience as a gay rights attorney that when more supported teens spoke out in high schools, the more vulnerable teens found their voices. He felt similarly that large organizations empower smaller ones.
- Mr. Guillen, consumer Commissioner with the San Francisco HIV Planning Council, thanked the Commission for its work and looked forward to maintaining ties. Mr. Ballesteros noted this was the first time a Commissioner from another planning council had visited. He offered a special thank you and welcome.
- Dr. Cox is Executive Director, Coalition of Mental Health Professionals, SPA 6. The Coalition started a joint venture 18 months ago with Charles R. Drew University of Medicine and Science, represented by Cynthia Davis. They provide Transitional Case Management under contract with the state Department of Corrections to parolees entering the County.

7. COMMISSION COMMENT, NON-AGENDIZED: There were no additional comments.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

A. Positive Healthcare:

- Mr. Vincent-Jones noted the Commission cannot discuss a contracted Ryan White- or NCC-funded provider, but Positive Healthcare is another health plan that impacts a large number of people with HIV in LA County and is offered by a current provider. Since the health plan, however, is not funded by Ryan White, services by that provider in that context can be discussed.
- Mr. O'Malley, Health Plan Administrator, Managed Care Division, AHF, responded to the February Commission request for information about termination of the Positive Healthcare Medi-Cal managed care program contract with the state Department of Health Care Services, Medi-Cal Managed Care Division. The 15-year pilot capitation waiver program for PWA has about 850 members. Without Positive Healthcare, those with a disability diagnoses code can still choose a fee-for-service Medi-Cal or one of two HMOs, LA Care or HealthNet. Those without the code are limited to the HMOs.
- AHF declined the state's rate as it was below their cost. In three years, the program saved \$3.5 million versus fee-for-service.
- Mr. O'Malley said AHF was initiating a state-funded disease management program staffed by RNs effective 4/1/2009. Former Positive Healthcare members who are Medi-Cal only and select fee-for-service recipients are eligible. They will be able to continue to use the AHF physician network. AHF has been calling members to help inform them of their options.
- Mr. Ballesteros felt the Commission should estimate costs likely to shift to Ryan White. Mr. O'Malley said services lost are: assigned RN case manager; access to specialist provider network, including coordinated referrals and transportation; health and wellness gym memberships or \$250 annually in GNC nutritional supplements; and Skilled Nursing referrals.
- Mr. Johnson asked about the shortage of plan specialists in the Long Beach area. Mr. O'Malley replied AHF has retained a provider relations consultant to first expand the PCP network, now confined to St. Mary's, and then the specialist network.
- Mr. Pérez, OAPP, asked if the state letter was accurate in indicating most members had transition plans. Mr. O'Malley replied that about 250-300 of the 850 members were dual eligibles whose primary provider is Positive Healthcare or another Medicare fee-for-service plan. AHF is still receiving many phone calls from members seeking transition information.
- Mr. Pérez noted OAPP has indications of increased medical specialist demand. It provides partial Ryan White support for an AHF managed medical specialty chain. He asked how AHF is ensuring Medi-Cal only clients have continued specialist access. Mr. O'Malley responded that AHF is asking specialists to see Medi-Cal patients as fee-for-service. A fee-for-service specialist list will be prepared. AHF is also encouraging patients to ask their physicians to retain them.
- Mr. Land noted the State was consistent with federal trends toward lower Medicare rates and asked about advocacy. Mr. O'Malley replied AHF advocates on behalf of its California and Florida plans. Mr. O'Brien noted there are no comparable plans to evaluate rates and felt the Commission should not intervene in a state-contractor matter.
- ➡ Mr. O'Malley accepted an invitation to the Consumer Caucus to listen to issues and provide more targeted information.

9. CO-CHAIRS' REPORT:

- Mr. Braswell reminded Commissioners to complete their Statements of Economic Interest, Form 700.
- Mr. Johnson reminded Commissioners to turn in renewal applications in a timely manner.

10. EXECUTIVE DIRECTOR'S REPORT: In response to questions about how SPA 1 consumers will be able to get to the Consumer Empowerment and Mobilization Conference the following Saturday, Mr. Vincent-Jones said the Metro leaves and arrives in time for SPA 1 consumers to use it. Van transportation will be provided from Union Station if needed.

11. STATE OFFICE OF AIDS (OA) REPORT:

- Ms. Taylor, OA, reported OA programs had not been cut in the budget. Administrative support has been reduced with staff furloughs, travel reimbursement reductions, and cuts to contracted community-based organizations.
- Meanwhile, demand is increasing for safety net services like HOPWA, food and transportation due to the economy.
- Stimulus funds require a 60-40 match. That is an improvement from the 50-50 match required by the State, but State funds are used for the HRSA Maintenance of Effort (MOE). OA is in negotiation with HRSA to address the situation.
- The California HIV Planning Group (CHPG) is being restructured in 2009 with a renewed emphasis on state-local linkage. There is a two-day meeting next week. Commission input is welcome. Mr. Land felt consumers were not represented well on the body.
- Mr. Goodman asked why the Positive Healthcare model is not supported. Ms. Taylor responded that the OA has little involvement with Medi-Cal decisions, such as Positive Healthcare reimbursement.
- ➡ Mr. Vincent-Jones said Julie Cross, Benefits Specialist, will follow-up on Medi-Cal support for managed care models.

12. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS:

A. 2008 HOPWA STRMU and PHP Assistance:

- Ms. Freda, HOPWA Short-Term Rent, Mortgage and Utility (STRMU) and Permanent Housing Placement (PHP) Manager, and Mr. Fernandez, Outreach Specialist, presented on HOPWA's programs.
- The Los Angeles Housing Department (LAHD) is the federal HOPWA fund grantee and works with 15 agencies to administer STRMU, PHP and other services. The \$11.6 million allocation includes Los Angeles City funds.
- The Commission is developing a standard of care for housing case management in development with very strong involvement of Mr. Fernandez, Ms. Freda and other HOPWA representatives.
- STRMU/PHP services help PWH unable to meet their housing needs due to temporary, HIV-related expenses. It is not designed to address homelessness or severe, ongoing need.
- LAHD and Aid for AIDS conducted a 2008 Housing Assistance Study (HAS). As part of the study, Mr. Fernandez reviewed a 1999 federal study which indicated four-fifths of the respondents were at extremely low or low income. The 2007 LACHNA indicated a 43% need and 25% gap between need and receipt of assistance. The 2008 study sought to explore financial need and the gap through County service utilization data and client surveys.
- The majority of recipients are financially unstable, 40+, African-American or Latino MSM. One-third sought rental assistance for a private, non-subsidized unit, but only 40% received that assistance.
- From 2002-03 to 2007-08, percentages of females (9%), African-Americans (39%), PWA (9%) and SPA 6 recipients (99%) increased while Latinos (11%), those 40+ (14%) and those earning any employment income (31%) decreased.
- The 2007 federal Consumer Expenditure Survey revealed that those earning \$10,000-\$14,999 annually—much of the County's client base—overspent their income by \$5,000-\$10,000 annually. The 22% of the client base renting non-subsidized studio apartments spent 55% of income on rent and overspent by \$89 monthly. Other subgroups had similar results.
- The 195 HAS client surveys revealed 46.6% were permanently disabled, 68% lived on less than \$1,000 monthly and less than a third were working full- or part-time. Of 184 surveys: 85% were aware of STRMU/PHP; of those aware, 73% needed assistance; of those who needed it, 61% asked for it; of those who asked, 57.4% received it.
- The 51% who experienced problems paying their rent and 44% who had problems paying a security deposit due to HIV expenses sought private means of bridging the gap: 45% borrowed from family, 30% lowered spending, and 33% paid rent late. That indicates clients are already seeking alternative approaches when smaller amounts impact their budgets.
- The population seeking STRMU/PHP assistance is likely to be in more serious need. Of those accessing the service, 78% said it kept them from becoming homeless and 77% said it improved their health. Most live on a fixed income, rely on public assistance, and are concentrated in SPAs 4, 6 and 8.
- HAS recommendations: increase income requirement from 50% to 80% of area median income (\$42,450), change diagnosis to HIV+, expand education and outreach, expand HCM to assess and assist clients.

- New adopted guidelines: HIV+; live in or moving to Los Angeles County; income no greater than Los Angeles gross median (\$42,450); 1-2 person households cannot spend less than 40% of gross income for rent, mortgage and utilities; 3+ family households cannot spend less than 30% of gross income; and document HIV-related temporary nature of need.
- Mr. Braswell said the economy might encourage landlord participation. Ms. Freda said the housing case managers' scope of work includes landlord outreach in their respective areas, as well as client short- and long-term transition planning.
- Ms. Freda noted HUD has shifted from numbers served to outcomes. Coordination with other agencies is emphasized. Mr. Vincent-Jones added that the development of the Housing Case Management standard was being developed, in part, to facilitate coordination between HOPWA and the Ryan White-funded system.
- Mr. Orozco said the undocumented had difficulty with documentation. Ms. Freda said this is the only federal program that assists them. Case manager training is being improved to better help clients qualify and to develop a paper trail.
- Mr. Land asked about homeowners. Ms. Freda said clients, including homeowners, are evaluated individually.
- Ms. Freda replied to Mr. O'Brien that "disability" is no longer on the application form for the year starting 4/1/2009. The turnaround in their office from application receipt to cutting a check averages five business days.
- Mr. Pérez felt current models, especially for planning and financing, are not sustainable. He finds significant opportunities for integration, coordination and collaboration among the multiple funding streams. OAPP has developed a 10-point plan which includes coordination of case management, integrated data collection systems, HOPWA representation at "Meet the Grantee" meetings, and a HOPWA representative in the City of Los Angeles seat on the Commission.
- Mr. Vincent-Jones noted that the Ordinance dictates that the LA City seat on the Commission is designated by the AIDS Coordinator's Office. However, the AIDS Coordinator's Office could designate a HOPWA representative if they chose who would be welcome at the Commission. He added that he has been encouraging both parties to settle on a representative and nominate them since the seat has gone unfilled for more than a year, at that HOPWA representatives initiate their own discussions with the AIDS Coordinator's Office if they are interested in filling the seat.
- Mr. Doan, HOPWA Coordinator, said the program has changed significantly and continues to improve. He noted, though he should have nine staff, he only has four with one vacant and another leaving. He is working to replace them despite a tight City budget. He thanked the Commission and OAPP for their support of the program.

14. HIV EPIDEMIOLOGY PROGRAM REPORT:

A. Young MSM of Color SPNS:

- Dr. Wohl, Chief Epidemiologist, presented on Engaging and Retaining Young Latino and African-American MSM in HIV Care. Dr. Wohl noted an estimated 50% of HIV+ youth in the County are unaware of their status and another 14% are aware of their status, but not in care
- In 2004, HRSA funded eight sites, including LA County, through a Special Project of National Significance (SPNS) to engage and retain young Latino and African-American MSM (YCMMSM) in care. OAPP and HIV Epidemiology joined to conduct HIV testing and offer a clinic-based, youth-focused case management intervention for HIV+ Young MSM of Color (YMSMC) at the Oasis Clinic in South Los Angeles (majority African-American) and AltaMed Health Services in East Los Angeles (majority Latino).
- Eligibility criteria: African-American (AA) or Latino, 13 to 24, MSM, newly diagnosed or HIV+ and out of care for at least six months.
- Case management review of clinic cases for those out of care was most effective in identifying clients (31%). Social network referral with incentives followed (27%). Others sources were HIV testing programs (14%), clinic staff (13%), and other programs especially STD programs (10%). Fewer than expected were identified at testing events (5%).
- Case managers combined psychosocial, clinical and adherence case management in weekly meetings for two months followed by monthly meetings for an additional 22 months. Cell phones and text messaging were key contact modes.
- The two youth-focused Case Managers [Young Men of Color (YMC)], LCSW-supervised, provide a bridge with client communication and daily provider contact. They advocated for YMSM to receive clinic priority, therein reducing their tendency to leave.
- Many of the 67 clients have entered the program in crisis, e.g., due to eviction or other subsistence needs, mental health or substance use. These require additional intervention in early months prior to fully addressing HIV care. The average time from testing to entry into care was 4 months, very good for the targeted population, with 60% new to care.
- Attendance (87%) and care retention (77%) were best for new clients in early months when intervention was most intense, but attendance (62%) and retention (61%) remained higher than usual at six months. Those previously in care reflected the same pattern at somewhat lower percentages. YMC are key to helping providers identify youth needs and concerns, e.g., one clinic established a separate waiting area after youth reported that older clients had been making advances on them.
- There was no control group. Despite having the second highest enrollment in the study, it was still small.

- Ms. Watt asked what funding is needed for the model. Dr. Wohl noted it took five years to develop a youth-friendly clinic model, but staffing the YMC position and providing supervision are the only expenses once it is in place.
- Ms. Woods asked about disclosure consequences. Dr. Wohl said YMC reported assisting clients with rejection due to disclosure of HIV status to families was a major concern.
- Mr. Aviña inquired about the undocumented. Dr. Wohl reported they were represented in the population. While most spoke English, they presented a variety of other case management concerns.

15. OFFICE OF AIDS PROGRAMS AND POLICY REPORT:

- Mr. Pérez reported the MAI carry-over request was approved by HRSA.
- Of the YR 19 award, 54% of the formula award (\$12.5 million) has been received and the MAI notice has been received. OAPP is waiting for notice on the balance of the formula award and the supplemental award.
- OAPP is operating under a YR 18 extension, but will be initiating YR 19 services 6/01/2009. The package needs to be completed quickly to meet Chief Executive Office deadlines.
- He introduced Dr. Sayles, Medical Director, who began last week. She has extensive experience including training in public health through UCLA and NIH, research experience and work as an attending physician, including at THE Clinic.
- Mr. Pérez confirmed that MTA was moving to electronic, photo ID, refillable cards. OAPP is working on a smooth transition.
- Mr. Johnson raised concerns about oral health laboratory fee reimbursement schedule. Mr. Pérez said a procedure list is about to be rolled out to providers. One concern about spending MAI funding is the lack of delegated authority in the Board's approval of the YR 18 Ryan White extension. Implications are being explored. There will be Oral Health funding streams in the 6/1/2009 Board letter.
- Mr. Engeran-Cordova asked about the list of RFPs. Mr. Pérez said OAPP would provide it.

16. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni said the PPC had a colloquia on Pre-Exposure Prophylaxis, i.e., HIV- use of ART prior to high-risk encounters.
- There was also a presentation on the 2007 Counseling and Testing data broken down by SPA and indicating trends.
- The PPC voted to establish a Latino Task Force with the PPC and its community partners.
- Victor Martinez was elected to the body.
- Ms. Watt announced the Harm Reduction Summit will be 7/24/2009 at the California Endowment.
- She noted over the last three meetings memoriams have grown from two to three to seven, reminding us of our charge.

17. SPA/DISTRICT REPORTS: The Commission wrote a letter thanking Service Provider Network Coordinators for their work.

- **SPA 1:** Ms. Granai reported the North County HIV/AIDS Alliance Antelope Valley Collaborative (NOCHA AVC) met 3/11/2009. It is creating a Walgreen's insert for needle purchases with HIV testing sites. Pamphlets will also be developed for newly diagnosed resources and general resources after contracts are awarded. They set goals of an annual benefits training and a burn-out retreat for staff. The next meeting is 4/8/2009 at the AV Hope offices.

18. TASK FORCE REPORTS: There were no reports.

19. BENEFITS REPORT:

- A. Medicare Part B Gap Assistance:** Mr. Vincent-Jones reported that the program to partially offset the premium with food vouchers ended 2/28/2009 with the grant year, after assisting about 100 consumers. The EMA was not able to find a long-term solution, and Centers for Medicaid and Medicare Services (CMS) was not particularly welcoming with help or options. A policy brief with alternative strategies is in the packet.
- B. State Budget:** There was no additional report.
- C. True Out-of-Pocket (TrOOP):** The report was postponed to the April 2009 Commission meeting.

20. CONSUMER CAUCUS REPORT: The regular meeting followed the Commission meeting.

- A. Empowerment/Mobilization Conference:** A flyer for the all-day consumer conference on 3/28/2009 is in the packet.
- B. SPA 4 "Meet the Grantee" Meetings:**
 - A flyer for one of two SPA 4 "Meet the Grantee" meeting on 5/02/2009 is in the packet.
 - A matrix of issues from previous "Meet the Grantee" meetings has been forwarded to OAPP for its comments.

21. STANDING COMMITTEE REPORTS:

A. Joint Public Policy (JPP) Committee: The meeting has been moved from the first to the third Wednesday, 2:00 to 5:00 pm

1. ***Proposed Legislative Recommendations:***

- Mr. Land asked if AB 108 could grandfather existing coverage. Mr. Goodman said reduction of the time insurance companies could rescind coverage from two years to the one in companion bill AB 2 effectively grandfathers it.
- On ARes 29, Mr. Land asked how it differed from existing policy. Mr. Kochems said it simply encouraged the Health and Human Services Agency to work to eliminate health disparities among racial and ethnic populations.
- On AB 221, Mr. O'Brien asked if only those performing rapid test finger pricks would be exempt from phlebotomy certification. Mr. Kochems confirmed that certification remained for those doing blood draws.
- On AB 169, Mr. O'Brien felt it did not assist PWH/A, but added custodial officers (non-sworn) to legislation for sworn personnel. Mr. Engeran-Cordova said the Commission had opposed required HIV testing on the word of the requestor in a correctional setting and this bill extended that to additional personnel and from inmates to arrestees.
- On AB 1045, Mr. Aviña requested history. Mr. Vincent-Jones said Kaiser proposed the bill to revise last year's CD4 bill by allowing a laboratory not to report a CD4 if it did not know the origin of the CD4 case count, and not to report serial CD4 reporting used, e.g., for assessing unmet need and trends. He noted it is acceptable to the County if the bill is amended to allow a laboratory not to report a CD4 known to be from a non-HIV case like cancer and if the other language is removed. Assemblymember Perez appears willing to amend it.
- On HRes 24, Mr. Aviña asked about Committee recommended amendments to the National AIDS Strategy. Mr. Kochems said the "whereas" section was inconsistent with earlier inclusive racial and sexual orientation language. The Committee also supports revising "HIV and AIDS" to "HIV Disease" consistent with Commission's Reauthorization Principles.

MOTION #4: Adopt the public policy docket and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate, with AB 108, AB 169, AB 221, AB 1045, ARes 29, and HRes 24 removed (***Passed as part of the Consent Calendar***).

MOTION #4A: Adopt AB 108 and ARes 29 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate (***Passed by Consensus***).

MOTION #4B: Adopt AB 221 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate (***Passed by Consensus***).

MOTION #4C: Adopt AB 1045 and HRes 24 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate (***Passed by Consensus***).

MOTION #4D: Adopt AB 169 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate (***Passed: 14 Ayes; 4 Opposed; 2 Abstentions***).

2. ***Federal Appropriations/Stimulus:***

- Mr. Engeran-Cordova presented a summary of state and federal funding packages.
- The California Budget Act and adjustments is designed to bridge the deficit gap with a combination of expenditure reductions, revenue increases (taxes/fees), federal Stimulus Act funds and borrowing in FYs 2008-09 and 2009-10.
- This plan is dependent on passage of several 5/19/2009 ballot initiatives which revise elements of previously passed Propositions 98 (schools), 10 ("First Five") and 63 (mental health), shifts to an open primary for state offices and allows borrowing against lottery sales. A "Rainy Day Fund" would maintain tax/fee increases for four years, cap spending and funnel revenue increases into a fiscal emergency fund essentially flat-funding, e.g., health services.
- Health and Human Services is reduced by \$1.025 billion. Though OA was not cut further, PWH/A are impacted through cuts to, most significantly, Medi-Cal, Mental Health, and Alcohol and Drug Programs.
- The American Recovery and Reinvestment Act of 2009 (Stimulus Package) is expected to provide \$30-55 billion to California. On the national front, it will address health care reform and includes increased Medicaid (Medi-Cal) matching funds, COBRA extension, \$19 billion in health-related IT including electronic records and over \$12 billion in research.
- The Omnibus Appropriations Bill funds the federal government through 9/2009. It has increases to Ryan White, HOPWA, NIH and the Office of National AIDS Policy with cuts to abstinence-only programs and CDC flat-funded.
- An outline of priorities and goals for the administration's FY 2010, \$3.55 trillion budget was released 2/26/2009. Included are health care reform, expansion of HIV/AIDS and meth prevention and treatment, assistance for Medicaid and Medicare, and research. The proposal is expected to reach Congress in April 2009.

B. Priorities & Planning (P&P) Committee:

1. ***OAPP's Annual Financial Reports:*** The report was postponed to the beginning of the April 2009 Commission agenda.

MOTION #5: Accept OAPP's annual financial reports for 2008, as presented (***Postponed***).

2. ***Monthly Expenditure Reports:*** The report was postponed.

3. **FY 2010 Priority- and Allocation-Setting:**

- Mr. Goodman called attention to a memorandum in the packet noting continued paradigms and operating values. It also recommends reconvening in the event of any changes to the funding award rather than three separate scenarios.
- Providers in SPAs 3, 6 and 8 have requested forums through the Service Provider Networks that previously coordinated them have sunset. Those have been scheduled and others may be scheduled by the end of March 2009.

MOTION #5A (Goodman/Land): Accept the Priorities and Planning Committee recommendation for one FY 2010 planning scenario based on flat-funding and to reconvene in the event of any funding change (**Passed by Consensus**).

4. **Minority AIDS Initiative (MAI):** Mr. Goodman noted the timeline is in the packet. The MAI Subcommittee has reconvened to review this year's and next year's plan. Focus groups are being scheduled to inform the process.

C. Standards of Care (SOC) Committee:

1. **Grievance Policy and Procedure:** Mr. Vincent-Jones reported the document was pulled back due to additional information.

D. Operations Committee:

1. **Member Nominations:**

MOTION #6: Nominate Kathy Watt to the Health Systems seat and David Giugni to the City of West Hollywood seat, and forward to the Board of Supervisors for appointment (**Passed as part of the Consent Calendar**).

2. **By-Law Revisions:** Mr. Vincent-Jones reported language has been updated by replacing references to Service Provider Networks with provider references and correcting a few small errors. By-Laws are out for one-month public comment.

22. COMMISSION COMMENT: There were no additional comments.

23. ANNOUNCEMENTS:

- Mr. Goodman announced Common Ground's annual fundraiser 3/21/2009. Former Senator Sheila Kuehl is keynote speaker.
- Mr. Engeran-Cordova reported AHF has committed to putting test kits in three County ERs along with training.
- Ms. Jackson announced that all funding was pulled from the Inland Empire Planning Council.

24. ADJOURNMENT: Mr. Braswell adjourned the meeting at 1:35 pm in memory of the Honorable Nell Soto, who authored SB 699 (names-based reporting) when others would not, and Teri Tinsley, active with MAP, GLASS and a transgender advocate.

A. Roll Call (Present): Aviña, Bailey, Ballesteros, Braswell, Engeran-Cordova, Giugni, Goodman, Granai, Johnson, Kochems, Land, Liso, Long, Negrete, O'Brien, Orozco, Page, Palmeros, Pérez, Sotomayor, Taylor, Watt

Commission on HIV Meeting Minutes

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MOTION AND VOTING SUMMARY		
MOTION #1: Approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #2: Approve the minutes from the February 12, 2009 Commission on HIV meeting.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #3: Approve the Consent Calendar with Motion 5 removed and Motion 4 approved with the following pieces of legislation removed: AB 108, AB 169, AB 221, AB 1045, ARes 29, HRes 24.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #4: Adopt the public policy docket and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate, with AB 108, AB 169, AB 221, AB 1045, ARes 29, and HRes 24 removed.	<i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long	MOTION PASSED <i>Abstention: 1</i>
MOTION #4A: Adopt AB 108 and ARes 29 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate.	<i>Passed by Consensus</i> <i>Abstentions:</i> Long, Taylor	MOTION PASSED <i>Abstentions: 2</i>
MOTION #4B: Adopt AB 221 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate.	<i>Passed by Consensus</i> <i>Abstentions:</i> Long, Taylor	MOTION PASSED <i>Abstentions: 2</i>
MOTION #4C: Adopt AB 1045 and HRes 24 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate.	<i>Passed by Consensus</i> <i>Abstentions:</i> Long, Taylor	MOTION PASSED <i>Abstentions: 2</i>
MOTION #4D: Adopt AB 169 and accompanying recommendations and forward to the Los Angeles County Board of Supervisors, CEO and other parties, as appropriate.	<i>Ayes:</i> Aviña, Bailey, Braswell, Engeran-Cordova, Giugni, Goodman, Johnson, Kochems, Land, Liso, Negrete, Orozco, Page, Palmeros <i>Opposed:</i> Ballesteros, Granai, O'Brien, Sotomayor, <i>Abstentions:</i> Long, Taylor	MOTION PASSED <i>Ayes: 14</i> <i>Opposed: 4</i> <i>Abstention: 2</i>
MOTION #5: Accept OAPP's annual financial reports for 2008, as presented.	<i>Postponed</i>	MOTION POSTPONED
MOTION #5A (Goodman/Land): Accept the Priorities and Planning Committee recommendation for one FY 2010 planning scenario based on flat-funding and to reconvene in the event of any funding change.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION #6: Nominate Kathy Watt to the Health Systems seat and David Giugni to the City of West Hollywood seat, and forward to the Board of Supervisors for appointment.	<i>Passed as part of the Consent Calendar</i>	MOTION PASSED